

STATE OF ARIZONA
DEPARTMENT OF WATER RESOURCES
WATER MANAGEMENT DIVISION
MAIL TO: P.O. BOX 36020, PHOENIX, ARIZONA 85067-6020
3550 North Central Avenue, Phoenix, Arizona 85012
Phone (602) 771-8500 Fax (602) 771-8690

**NOTICE OF INTENTION TO DEEPEN OR MODIFY AN EXISTING NON-EXEMPT WELL OR
CONSTRUCT A REPLACEMENT NON-EXEMPT WELL AT APPROXIMATELY THE SAME
LOCATION IN AN ACTIVE MANAGEMENT AREA**

PLEASE READ GENERAL INSTRUCTIONS AND CONDITIONS BEFORE COMPLETING.

Section 45-597, Arizona Revised Statutes provides: In an Active Management Area, prior to deepening an existing well or constructing a replacement well at approximately the same location, a person must file a Notice of Intention to Drill. A person must also file a Notice of Intention to Drill prior to modifying a Non-Exempt Well Permit. Pursuant to A.R.S. § 45-596 and A.A.C. R12-15-104, the filing fee for a Notice of Intention to Drill a Non-Exempt Well is \$150.00.

1. Applicant _____

Mailing Address _____

City State Zip Code

Telephone Number _____

E-mail Address: _____

1A. Public Water System ID #: _____

2. This Notice is filed by (check all applicable):

- ☐ Land Owner ☐ Owner of Withdrawal Authority ☐ Lessee
☐ Consultant ☐ Other _____

Note: If Notice is not filed by the land owner, the applicant must submit signed documentation containing land owner's name, address, telephone number, and signature consenting to the deepening, replacing, or modifying of the well.

FOR DEPARTMENT USE ONLY	
File No.	_____
Registration 55-	_____
Date Filed	_____
Input	_____ By _____
AMA/INA	_____

3. Action Requested: ☐ Deepen ☐ Replace ☐ Modify

4. Principal Use of Water: (please be specific): _____

5. Other Uses Intended (please be specific): _____

6. Claim of Entitlement to Withdraw Water:

58- _____ Grandfathered Groundwater Right Certificate

OR 59- _____ Groundwater Withdrawal Permit

OR 57- _____ Irrigation District

OR 56- _____ Service Area

OR 74- _____ Recovery Well Permit

7. Construction:

a. Drilling Firm: Name _____ DWR License Number _____ ROC License Category _____

b. Deepening/Replacement/Modification Will Start: _____
Month Year

c. Estimated Time to Complete: _____ Months

d. Attach a Well Construction Supplement, DWR form 55-90, and include a detailed construction diagram as indicated on the form.

8. Original Well:

- a. Location: _____¹/₄ _____¹/₄ _____¹/₄ Section _____ Township _____ N/S Range _____ E/W
10 Acre 40 Acre 160 Acre
- b. Position: Latitude _____ ° _____ ' _____ " N Longitude _____ ° _____ ' _____ " W
- c. Position Datum: ☐ NAD 83 ☐ NAD 27 ☐ Other: _____
- d. County: _____
- e. Parcel Number: _____ - _____ - _____
- f. Registration Number: 55- _____
- g. Registered/Permitted Capacity (see instructions for details): _____ Registered GPM OR _____ Acre-Feet Per Year

9. Deepening/Modification/Replacement Well (as applicable):

- a. Location: _____¹/₄ _____¹/₄ _____¹/₄ Section _____ Township _____ N/S Range _____ E/W
10 Acre 40 Acre 160 Acre
- b. Position: Latitude _____ ° _____ ' _____ " N Longitude _____ ° _____ ' _____ " W
- c. Position Datum: ☐ NAD 83 ☐ NAD 27 ☐ Other: _____
- d. County: _____
- e. Parcel Number: _____ - _____ - _____
- f. Distance from Original Well: _____ Feet
- g. Design Pump Capacity _____ GPM
- h. Estimated total annual pumpage: _____ Acre-Feet Per Year
- i. Diameter: _____ Inches
- j. Depth: _____ Feet
- k. Type of Casing: _____
- l. Has the well to be replaced been physically abandoned? ☐ Yes ☐ No
- m. If no, will it be? ☐ Yes ☐ No If Yes when: _____

I state that this Notice is filed in compliance with Rules A.A.C. R12-15-809 and is complete and correct to the best of my knowledge and belief, and that I understand the conditions set forth in the general instructions and specific instructions for this application.

Type or Print Name	Applicant's Signature	Title	Date
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Type or Print Name	Land Owner's Signature	Title	Date
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